

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/25/7070
APPLICANT(S)

CLAIMS

AS FILED

**AFTER
1st AMENDMENT**

**AFTER
2nd AMENDMENT**

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL IND.	↓		↓		↓	
TOTAL DEP.						
TOTAL CLAIMS						

51		22				
52		22				
53		22				
54	1					
55	1					
56		1				
57		1				
58		1				
59		4				
60		4				
61		4				
62		1				
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100						
TOTAL IND.	26	↓		↓		↓
TOTAL DEP.	352					
TOTAL CLAIMS	378					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY